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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/648,026
Filing Date	August 26, 2004
First Named Inventor	Liqin SUN
Art Unit	1614
Examiner Name	Vakili, Zohreh
Attorney Docket Number	17596-1

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23676

☐ Please change the correspondence address for the above-identified application to:

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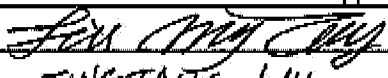
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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NOTE: Signatures of all the inventor/s or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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